



# State of South Dakota Campaign Finance Disclosure Statement

Full Name of Committee: MAGSTADT FOR STATE HOUSE

BYRON CALLIES, ROBERT MAGSTADT, MELISSA MAGSTADT      ; ;  
Chair -- Treasurer -- Candidate      Email (Optional)

1206 9TH AVE NE WATERTOWN SD 57201      (605) 886-6879  
Committee Street Address      Phone

\_\_\_\_\_  
Postal Street Address

Name of Person Making Report      Daytime Telephone #      Evening Telephone #

SD House of Representatives  
If Candidate Committee, please note office being sought.      \_\_\_\_\_  
Political party affiliation (if any)

If Ballot Question Committee, Ballot Question Title      Supporting      Opposing  
   ☐      ☐

Type of Campaign Statement							
<input checked="checked" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Primary	Pre-Convention	Pre-General	Mid-Year	Year-End	Amendment	Supplement	Termination

**County, municipal and school** candidates file this statement with the person in charge of the local election.

**Statewide PACs, political party, ballot question and other committees** file this statement with the Secretary of State's Office

**Secretary of State, Elections Department**  
**500 East Capitol Ave., Ste 204**  
**Pierre, SD 57501**  
**of fax to 605-773-6580 or**  
**e-mail to cfr@state.sd.us**

Fax and e-mail images must contain the signature (s) and the **original must be filed in our office one week** following the date the fax/e-mail was received.

# INCOME

## Direct Contributions from Individuals

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter Total of all unitemized contributions(\$100 or less each from individuals) here:	\$50.00

Line item A1

<b><i>Itemized Contributions from Individuals</i></b>
Enter all itemized contributions(\$100.01 or more each from individuals) here:

Name	Residential (Street) Address	Amount
Itemized Contributions--Enter Total of all itemized contributions(\$100.01 or more each from individuals):		

Line item A2

## Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot committee Questions may receive direct contributions from organizations.

Name	Residential (Street) Address	Amount
Itemized Contributions--Enter Total of all itemized contributions from organizations:		

Line item B1

## Direct Contributions from Political Parties

<b><i>Contributions from Political Parties</i></b>
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Name	Residential (Street) Address	Amount
SOUTH DAKOTA FEDERATION OF REPUBLICAN WOMEN	5440 PLAINS VISTA COURT RAPID CITY SD 57701	\$160.00
Enter total of all contributions from Political Parties here:		\$160.00

Line item C1

## Direct Contributions from In-State Political Action Committees

### ***Contributions from South Dakota Political Action Committees***

<b>Name</b>	<b>Residential (Street) Address</b>	<b>Amount</b>
ASSOCIATED GENERAL CONTRACTORS OF SOUTH DAKOTA BUILDING CHAPTER PAC	2307 WEST 57TH STREET SIOUX FALLS SD 57108	\$150.00
FARMERS EMPLOYEE AGENT POLITICAL ACTION COMMITTEE	4940 5TH STREET RAPID CITY SD 57701	\$100.00
INDEPENDENT COMMUNITY BANKERS OF SOUTH DAKOTA PAC	417 NORTH MAIN STREET, SUITE 103 MITCHELL SD 57301	\$200.00
OTTER TAIL POLITICAL ACTION COMMITTEE	1115 15TH ST N WAHPETON ND 58075	\$100.00
PETER NORBECK PAC	125 E. DAKOTA AVE. PIERRE SD 57501	\$500.00
SD CHIROPRACTIC PAC	2821 S CENTER AVE SIOUX FALLS SD 57105	\$200.00
SOUTH DAKOTA ASSOCIATION OF SPECIALTY CARE PROVIDERS PAC	1868 LOMBARDY DRIVE RAPID CITY SD 57703	\$500.00
SOUTH DAKOTA CERTIFIED REGISTERED NURSE ANESTHETISTS	7000 W. STONEY CREEK ST SIOUX FALLS SD 57106	\$100.00
SOUTH DAKOTA HEALTH CARE ASSOCIATION PAC	804 N. WESTERN AVE. SIOUX FALLS SD 57104	\$200.00
SOUTH DAKOTA NURSES ASSOCIATION POLITICAL ACTION COMMITTEE	105 S. EUCLID AVE., STE. C PIERRE SD 57501	\$250.00
SOUTH DAKOTA OPTOMETRIC PAC	200 NORTH PIERCE AVENUE PIERRE SD 57501	\$200.00
SOUTH DAKOTA PHYSICAL THERAPY ASSOCIATION POLITICAL ACTION COMMITTEE	1822 EISENHOWER CIRCLE ABERDEEN SD 57401	\$200.00
SOUTH DAKOTA PORK PRODUCERS PAC	500 N. WESTERN AVENUE, SUITE 500 SIOUX FALLS SD 57104	\$100.00
SOUTH DAKOTA REALTORS POLITICAL ACTION COMMITTEE	204 NORTH EUCLID AVE PIERRE SD 57501	\$300.00
SOUTH DAKOTA RETAILERS ASSOCIATION PAC	320 E CAPITOL PIERRE SD 57501	\$300.00
Enter total of all contributions from South Dakota Political Action Committees or South Dakota Candidate Committees here:		\$3,400.00

Line item D1

## Direct Contributions from Out-of-State Political Action Committees

### ***Contributions from Federal Political Action Committees***

<b>Name</b>	<b>Filing Web Address</b>	<b>Amount</b>
Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here:		

Line item D2

## Direct Contributions from Candidate Committees

### ***Contributions from Candidate Committees***

<b>Name</b>	<b>Residential (Street) Address</b>	<b>Amount</b>
Enter total of all contributions from Candidate Committees here:		

Line item E1

## In-Kind Contributions

### ***Non-cash contributions of goods and services and the estimated fair market value***

<b>Description</b>	<b>Name and Residential Address</b>	<b>Estimated Value</b>
Enter total of all estimated in-kind contributions here:		

Line item F1

## Other Income

***Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution***

Source of Income	Description of Income	Amount
Enter total of other income here:		

Line item G1

## Loans Owed to Committee

***Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.***

Name of recipient of loan, including address.	Amount of loan made during the reporting period	Amount of loan repaid during the reporting period	Balance of loan at the end of the reporting period
Enter total amount of loans owed to committee here:			

Line item Y3

## Establishing and Administering Committee/Solicitation Costs

***List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.***

Organizational Name and Categorical Description of Direct Funds	Amount
Enter total here:	

Line item H1

# EXPENDITURES

## Operational Expenditures

*Categories have been provided for reporting common expenses. You may list other iexpense items at your discretion.*

<b>Campaign Expenses</b>	<b>Amount</b>
Administrative	\$0.00
Advertising	\$3,445.71
Bank Fees	\$0.00
Consulting	\$0.00
Fundraising	\$133.75
Mailing	\$332.84
Office Supplies	\$0.00
Printing	\$526.57
Rent	\$0.00
Salaries	\$0.00
Travel	\$0.00
Enter total expenditures here:	\$4,438.87

Line item X1

## Contributions Made to Candidates and Committees

<b>Name of Candidate or Committee</b>	<b>Amount</b>
Enter total of contributions to candidates or committees here:	

Line item X2

## Debts and Obligations Owed by Committee

*All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation*

<b>Owed to Creditors Name</b>	<b>Nature of obligation</b>	<b>Address</b>	<b>Amount</b>
Enter total debt owed by committee here:			

Line item X3

## Loans Owed by Committee

*Report the amount of each loan owed by the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed by the committee at the end of the reporting period must be itemized.*

<b>Name of recipient of loan, including address.</b>	<b>Amount of loan made during the reporting period</b>	<b>Amount of laon repaid during the reporting period</b>	<b>Balance of loan at the end of the reporting period</b>
Enter total amount of loans owed by committee here:			

Line item G2

## **SUMMARY OF INCOME AND EXPENDITURES**

**\*Note: You cannot end the reporting period with a negative balance.**

**County, municipal and school candidates file with the person in charge of the local election.**